

Montana Office of Public Instruction
Harassment/Bullying/Intimidation Model Incident Reporting Form

Disclaimer:

The following Model Incident Report Form (form) is provided by the Montana Office of Public Instruction to be used by school districts at their discretion. Using portions or the entirety of this form is not mandatory. This form is to be used only as a tool to facilitate the enforcement of school district bullying policy and the Montana Office of Public Instruction encourages each school district to develop a form based on the unique characteristics of that district.

_____ SCHOOL DISTRICT:
BULLYING/HARASSMENT/INTIMIDATION INCIDENT REPORTING FORM

This form is to be used to report incidents of bullying/harassment/intimidation. False reporting is prohibited.

I, _____, was a target of/witness to/received a report of (circle one) a bullying incident.

I am a:

☐ student ☐ teacher ☐ parent ☐ other (please specify)

The incident took place:

☐ on school property ☐ at a school sponsored event ☐ on a bus or other school vehicle

☐ off school property (describe where) _____

☐ other _____

Describe in detail the incident, including location, any injuries or damage to property, etc. (Use back of form if necessary): _____

Was this an isolated incident? ☐ Yes ☐ No

If "No," how many other incidents have there been? _____

Date and description of incident: _____

Date and description of incident: _____

Aggressor Information:

The aggressor was:

☐ a student ☐ a teacher ☐ other (please specify) _____

Aggressor's name, grade (if known): _____

Other affected Students (Please indicate whether witness, bystander, or target):

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Other(s) _____

Signature of Person Filing out Report

Date

Printed Name of Person Filing out Report

For Administrative Use Only

Signature of Person Receiving Form

Date

Time

Incident assigned for investigation to: _____

By: _____ Title: _____

Date: _____ Time: _____

Signature of School Administrator

Signature of Person Assigned to Investigate

Date